

10/724852

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

~~10724852~~

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|----------------|--------------|
| TOTAL CLAIMS | 105 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 105 minus 20 = | * 85 |
| INDEPENDENT CLAIMS | 4 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18= | 1530 |
| X86= | 81 |
| +290= | |
| TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5/12/06

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 120 | Minus ** 115 | = 5 |
| Independent | * 9 | Minus *** 9 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$18= | 250.00 |
| X86= | |
| +290= | |
| TOTAL | 250.00 |
| ADDIT. FEE | |

paid

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | |
| ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |
| ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL | |
| ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

United States Patent and Trademark Office
- Sales Receipt -

05/22/2006 HMASSEY 00000005 502317 10724852

01 FC:1202 250.00 DA

AMENDMENT/RESPONSE TRANSMITTAL

Applicants : Patricia Ann Piers, et al.
 Appl. No. : 10/724,852
 Filed : December 1, 2003
 For : MULTIFOCAL OPHTHALMIC LENS
 Examiner : David A. Izquierdo
 Group Art Unit : 2873

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Supplemental Amendment
- (X) Postage-paid return postcard

Filing Fees

| FEE CALCULATION | | | | |
|--------------------|----------------------------|--------------|-------------|------------|
| FEE TYPE | | FEE CODE | CALCULATION | TOTAL |
| Total Claims | 120 -105 previously paid = | 1202 (\$50) | 5 x 50 = | \$ 250 |
| Independent Claims | 9 - 4 previously paid = | 1201 (\$200) | 5 x 200 = | \$ 1000 |
| 2 Month Extension | | 1252 (\$0) | | \$ 0 |
| TOTAL FEE DUE | | | | \$1,250.00 |

Method of Payment of Fees

Charge Account No. 502317 in the amount of \$1,250.00.

Authorization to Charge Additional Fees

Commissioner is hereby authorized to charge any fees, late fees, or surcharges by this paper and during the entire pendency of this application under 37 C.F.R. 1.16 and 1.17 to Account No. 502317.

Respectfully submitted,
 Advanced Medical Optics

Dated: 5/12/06

By: David Weber

David Weber
 Registration No. 51,149
 Agent of Record
 Customer No. 33357
 (714) 247-8232